



CREDIT APPLICATION FOR A
30 DAY TERM BUSINESS ACCOUNT

Please complete as much of this form as possible, as it helps us setup your account correctly on our system.

BUSINESS CONTACT INFORMATION

| | |
|--|--------------------------------------|
| Full Company Name | |
| Registered Company Address | |
| Post Code | |
| Phone | |
| Fax | |
| Email | |
| Website | |
| Accounts Contact Name | |
| Accounts Contact Tel No | |
| Accounts Email | |
| Sales Contact Name | |
| Sales Contact Tel No | |
| Sales Contact Email | |
| Date business commenced | |
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Corporation |
| | <input type="checkbox"/> Other |
| Company Reg No: | |
| VAT Number | |
| Amount of Monthly Credit Required | |

BUSINESS/TRADE REFERENCES

| | |
|--------------|--|
| Company name | |
| Address | |
| Post Code | |
| Phone | |
| Fax | |
| E-mail | |
| | |
| Company name | |
| Address | |
| Post Code | |
| Phone | |
| Fax | |
| E-mail | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Fluid Power Solutions (Wales) Limited to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |